



#9/A  
PATENT  
450100-02402

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Applicants : Tateo OISHI et al.  
Serial No. : 09/524,358  
Filed : March 14, 2000  
For : DATA PROCESSING METHOD, APPRATUS AND SYSTEM FOR  
ENCRYPTED DATA TRANSFER  
Examiner : Andrew Nalven  
Art Unit : 2134

**RECEIVED**

**MAR 10 2004**

**Technology Center 2100**

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Mail Stop Non Fee Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on March 4, 2004.

Gordon Kessler, Reg. No. 38,511

(Name of Applicant, Assignee or Registered Representative)

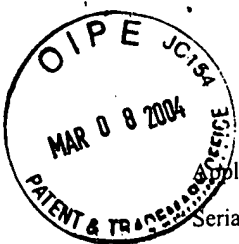
*Gordon Kessler*  
Signature  
March 4, 2004  
Date of Signature

**AMENDMENT**

Mail Stop Non-Fee Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Dear Sir:

In response to the outstanding Office Action of December 31, 2003, please amend this application as follows:



2134  
PATENT  
450100-02402

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FOR ENCRYPTED DATA TRANSFER  
Examiner : Andrew Nalven  
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745 Fifth Avenue  
New York, NY 10151  
Tel: 212-588-0800

Mail Stop Non-Fee Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

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Dear Sir:

Transmitted herewith is an amendment in the above-identified application.

- ☒ No additional fee is required.  
☐ The fee has been calculated as shown below.  
☐ This is an application of a small entity under 37 CFR 1.9(f), and the amounts shown in parentheses apply.

**Claims as Amended**

(1)	(2) Claims remaining after amendment	(3)	(4) Highest number previously paid for	(5) Present extra	(6) Rate	(7) Additional Fee
Total claims	18	Minus	** =20	* 0 x	\$18 (9)	= \$ 0
Independent claims	3	Minus	*** =3	* 0 x	\$86 (43)	= \$ 0
Total additional fee for this amendment						\$ 0

- \* If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.  
\*\* If the highest number of total claims previously paid for is less than 20, write "20" in this space.  
\*\*\* If the highest number of independent claims previously paid for is less than 3, write "3" in this space.

- ☐ This application contains a multiple dependent claim. The required fee of \$290(145) has been previously paid ☐, or is paid herewith ☐.
- ☐ This response is being filed within the \_\_\_\_\_ month following the expiration of the term originally set therefor. This is a petition to request a \_\_\_\_\_ month extension of time. A check covering the cost of the petition is enclosed.
- ☐ A check in the amount of \$\_\_\_\_\_ is attached, which covers the cost of ☐ additional claims \_\_\_\_\_ petition for extension of time.
- ☐ Charge \$\_\_\_\_\_ to Deposit Account No. 50-0320.
- ☒ Please charge any additional fees incurred by reason of this response or credit any overpayment to Deposit Account No. 50-0320.

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Gordon M. Kessler, Reg. No. 38,511

Name of Applicant, Assignee or Registered Representative

Gordon Kessler  
Signature  
March 4, 2004  
Date of Signature

Respectfully submitted,

FROMMER LAWRENCE & HAUG LLP  
Attorneys for Applicants

By:

Gordon Kessler  
Gordon M. Kessler  
Reg. No. 38,511  
Tel: 212-588-0800